

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:12

DOCUMENT # 763085 (8)

1. Corporation Name  
THE HILLS II RESIDENTS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
6285 SLEEPYHOLLOW DR TITUSVILLE FL 32780-7423 US  
6285 SLEEPYHOLLOW DR TITUSVILLE FL 32780-7423 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/03/1982	3a. Date of Last Report 05/26/1994
4. FEI Number 59-3040201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
HANSEL, LYNN  
402 HIGH POINT DRIVE  
COCOA FL 32926

10. Name and Address of New Registered Agent	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MONTANTE, JAMES N
STREET ADDRESS	6285 SLEEPY HOLLOW DR
CITY - ST - ZIP	TITUSVILLE FL
TITLE	S
NAME	BOOHER, SHERRI
STREET ADDRESS	6249 SLEEPYHOLLOW DR
CITY - ST - ZIP	TITUSVILLE FL
TITLE	TD
NAME	HALL, GEORGE
STREET ADDRESS	6150 BARNA AVE
CITY - ST - ZIP	TITUSVILLE FL
TITLE	VPD
NAME	CRAMER, ALLOW
STREET ADDRESS	6214 SLEEPYHOLLOW DR
CITY - ST - ZIP	TITUSVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HALL, GEORGE	
1.3 STREET ADDRESS	6150 BARNA AVE	
1.4 CITY - ST - ZIP	TITUSVILLE, FL. 32780	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SIRMONS, RICHARD	
2.3 STREET ADDRESS	6198 SLEEPYHOLLOW DR	
2.4 CITY - ST - ZIP	TITUSVILLE FL. 32780	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MONTANTE, JAMES N.	
3.3 STREET ADDRESS	6285 SLEEPYHOLLOW DR.	
3.4 CITY - ST - ZIP	TITUSVILLE FL. 32780	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James N. Montante JAMES N. MONTANTE 2-1-95 (407) 268-8075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TD Date (Maximum 1 year)